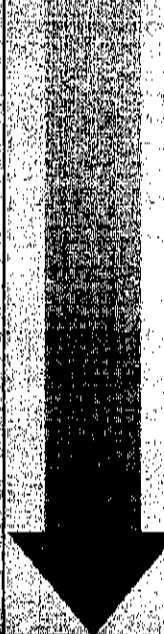


DIAGNOSIS CODE	SERVICE DATE	PROCEDURE CODE	PATIENT NAME	DOCTOR CODE	DESCRIPTION	PATIENT	INSURANCE
	091305		WALSH STEPH	EAN	Balance Carried Forward NO SHOW FEE ***TOTAL FOR VISIT 1***	0.00 500.00 500.00	0.00 0.00 0.00
		====>					



CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	BALANCE DUE	PATIENT	INSURANCE
500.00						500.00	0.00

ACCOUNT NUMBER	PATIENT IS RESPONSIBLE FOR "BALANCE DUE" SHOWN
29609	STEPHEN WALSH

HAND SURGICAL ASSOCIATES, INC.  
125 PARKER HILL AVE  
BOSTON, MA 02120  
Telephone: (617)-738-0857

Clinton & Muzyka, P.C.

Hand Surgical Associates, Inc.

Walsh, Stephen - No Show Fee  
Account No. 29609

10/26/2005

4709  
500.00

PAYMENT  
RECORD  
EXHIBIT "C"

Disbursement Account Walsh, Stephen - No Show Fee

500.00